

MEETING MINUTES - <Detection & Screening Workgroup>

Date of Meeting: (09/08/2009)

Minutes Prepared By:
Pam Wilson

1. Purpose of Meeting

> To go over Action Plan. Dr. DiMase to update workgroup on SCUP.

2. Attendance at Meeting

<i>Name</i>	<i>Department./Division</i>	<i>E-mail</i>
Christy Dibble, DO	W&I	cdibble@wihri.org
Brenda Jenkins	Quality Partners	bjenkins@riqio.sdps.org
Barbara Joyce	Colon Cancer Alliance	bjoyce@ccalliance.org
Margi Metzger, RN	Volunteer	Moometz929@aol.com
Seth Asser	RIDOH	Seth.Asser@health.ri.gov
Pam Wilson	RIDOH	Pamela.wilson@health.ri.gov
Joseph DiMase, MD	SCUP	jdimase@yahoo.com
Terri Mrozak, RN	Quality Partners	tmrozak@riqio.sdps.org

2. Meeting Agenda

- Welcome/Introductions
- Update on Mini-Workgroups
- Update on SCUP
- Action Plan work assignments
- Next Meeting

3. Meeting Notes, Decisions, Issues

1. Christy Dibble chaired the meeting. Asked for updates from mini workgroups. See Action Plan status report below.
2. Mini-workgroups gave an update – See Action Plan status report below
3. Dr. DiMase provided an update on SCUPS – See Action Plan status report below

4. Action Items

Action	Assigned to	Status
<p>Objective 1: By 2010, reach out to 90% of all RI Family Medicine/Individual Primary Care Providers to promote enhanced patient education, referral, and follow-up for colonoscopy.</p> <p>Strategy 1: Launch an educational campaign targeted to medical practices to encourage enhanced colonoscopy support and educate practitioners and staff re: national screening recommendations for colonoscopy of patients 50 y rs and older in an effort to increase the number of successful referrals for age appropriate CRC screenings.</p> <p>Activity #1: Develop a model and presentation and deliver to family practice and Ob-GYN clinics</p>	Dr. Dibble	Dr. Dibble continues to give powerpoint presentations. All tasks have been completed. This is an on-going activity.
<p>Objective 1: By 2010, reach out to 90% of all RI Family Medicine/Individual Primary Care Providers to promote enhanced patient education, referral, and follow-up for colonoscopy.</p> <p>Strategy 1: Launch an educational campaign targeted to medical practices to encourage enhanced colonoscopy support and educate practitioners and staff re: national screening recommendations for colonoscopy of patients 50 y rs and older in an effort to increase the number of successful referrals for age appropriate CRC screenings.</p> <p>Activity #2: Send educational e-smart briefs electronically to primary care and family practice clinics</p>	Dr. Dibble	Dr. Dibble asked Pam to follow-up with Susan to find about the E-Smart Brief. E-mailing it quarterly?
<p>Objective 1: By 2010, reach out to 90% of all RI Family Medicine/Individual Primary Care Providers to promote enhanced patient education, referral, and follow-up for colonoscopy.</p> <p>Strategy 2: Educate patients about colon cancer and colon cancer screening</p> <p>Activity #1: Develop multi-lingual, culturally competent patient educational materials for use in primary care practices</p>	Betty/Sally	Dr. Dibble asked Pam to follow-up with Betty to find out if she has made any progress in translating materials. Betty is no longer on the D&S workgroup. Dr. Dibble suggested

<p>Objective 2: By 2010, expand the number of sliding-fee colonoscopy appointments for un/underinsured patients from an estimated 3,700 per year (2007 BRFSS) to a projected 15,000 per year (2010)</p> <p>Strategy 1: Offer free or low cost colonoscopy procedures to people over 50 who are at risk for colon cancer and in need.</p> <p>Activity #1: Convene a special task force to achieve this strategy</p>	<p>Dr. Di Mase</p>	<p>This task is done. Ongoing.</p> <p>Dr. DiMase updated the group on SCUP. Has recruited 65 gastroenterologists. Has 15 sites confirmed. 35 RI Health Care Association – clinics. Servicing 5 patients per facility per month. Women & Infants has agreed to 5 “female” colonoscopies. Tri-town – Pathology is sent out. Landmark – 5 cases thru Thundermist. Pathology sent out to RI Hospital. Wood River Health Center – The Westerley hospital (Requires a full history and physical exam). Chad Brown Health Center – up and running. EastBay – Riverside – Miriam Hospital. Newport. Providence Health Centers – All.</p> <p>RI Dept. of Health produced a flyer to put in waiting rooms (in Spanish and English).</p> <p>Regarding preps for screening. The cost varies. Dr. Dibble suggested 4 extra ducolex tabs generically. Dr. DiMase met with Braintree Labs who offered to provide samples of preps in exchange for viewing an actual colonoscopy. Philanthropy Dept. at W&I is doing work to get preps for FREE. Dr. DiMase has tried CVS. Barbara Joyce suggested Walgreens.</p> <p>Barbara inquired about Kent hospital. Kent has not signed on. They need 4 doctors to participate and Kent is understaffed. In total, 75 doctors have volunteered.</p> <p>The program needs a home. Since this meeting, Susan Shepardson reported that RI Health Center Association is where SCUP will be housed.</p> <p>Dr. Dibble asked if there have been any positive cancers found. And what happens with treatment. Dr. Seth Asser with Dept. of Health handles Charity Care and assured the group that he will talk to physicians personally if needed. The hospitals are required to provide care to uninsured.</p>
<p>Objective 3: By 2010, reach out to 90% of all RI Senior centers and housing projects to promote public awareness of the importance of colonoscopy among elders (who are at high risk of developing colorectal cancer because of age)</p> <p>Strategy 1: Educate seniors about the importance of being screened for CRC.</p> <p>Activity #1: Develop a best practices model for Senior Centers around the state that promotes colonoscopy among community-dwelling elders</p>	<p>Barbara Anna Deb</p>	<p>Barbara updated the group that the team went to the Senior Center at Meadowbrook and only 5 people attended because the staff didn't properly promote it. They plan on going back at a later date. Deb was not in attendance at meeting but emailed Pam earlier that Marsha Weiss had a list of future sites for Barbara. Barbara said she would follow up with Deb. Pam introduced Margi Metzger who has volunteered to present. Margi will follow-up with Dr. Dibble to access the powerpoint and with Barbara to find out schedule. Barbara also asked for gift items to raffle off when she is at Senior Centers. Seth Asser suggested a possible “Re-gifting” idea. He offered to write a catchy email to send to The Partnership or to present at Quarterly meeting asking for gift items. Pam will follow-up with Seth. Pam will also look into purchasing a projector/laptop from Partnership.</p>

Objective 3: By 2010, reach out to 90% of all RI Senior centers and housing projects to promote public awareness of the importance of colonoscopy among elders (who are at high risk of developing colorectal cancer because of age)

Betty

Dr. Dibble asked **Pam** to follow-up with Betty. Betty is no longer part of the D&S workgroup. Pam located possible materials on ACS and CDC websites. Dr. Dibble suggested using her tri-fold brochures that they created and just make it more reader-friendly for Senior Centers. **A volunteer to do this is needed.** Possible candidate – Brenda Jenkins??

Strategy 2: Develop (or select) basic, multi-lingual, culturally competent public education materials for use in the context of the model developed per Strategy 1

Activity #1: Identify and adapt materials

Objective 3: By 2010, reach out to 90% of all RI Senior centers and housing projects to promote public awareness of the importance of colonoscopy among elders (who are at high risk of developing colorectal cancer because of age)

Barbara

Barbara will contact senior center directors to find out if they have existing newsletters. **Brenda Jenkins** offered to write an article about CRC screening information for use in these newsletters.

Strategy 2: Develop (or select) basic, multi-lingual, culturally competent public education materials for use in the context of the model developed per Strategy 1

Activity #2: Use existing newsletters as a medium to educate seniors about colon cancer and the importance of colonoscopy

5. Next Meeting

Date: (MM/DD/YYYY)	10/13/2009	Time:	3:00 – 4:00PM	Location:	American Cancer Society
Agenda:	Mini-groups will update group on progress.				